

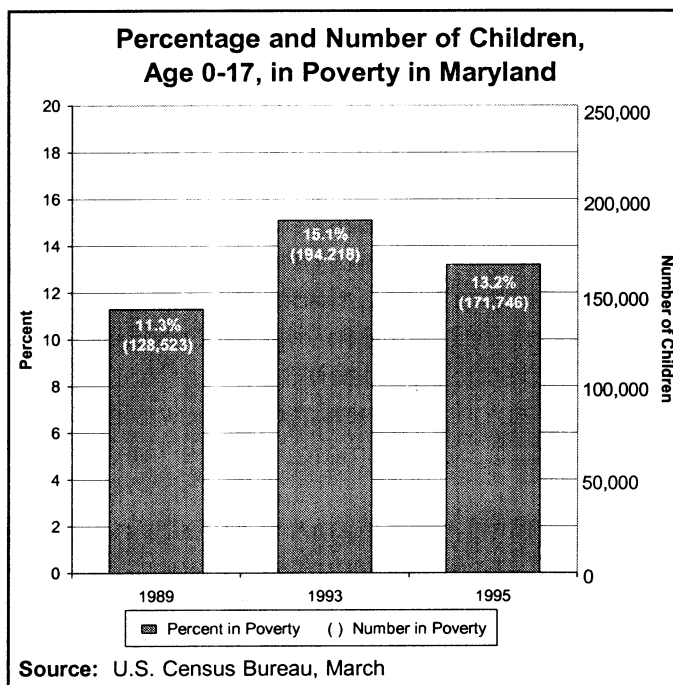
CHILD AND ADOLESCENT HEALTH

The Issue

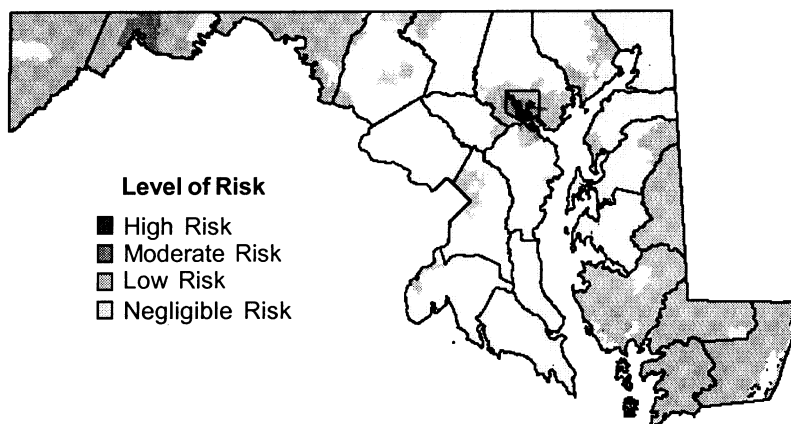
Attention to the variety of challenges to the health of Maryland's children, its most important and precious resource, is critical in assuring a healthy future for them.

Maryland's 1.4 million children and adolescents are its most important and precious resource. There is every reason to expect that most of Maryland's children will grow up to be healthy and productive members of society. However, available data also suggest that there are troubling trends and challenges that could block the attainment of a healthy future for many of Maryland's children and adolescents. Most at risk are children who grow up in poor, minority and disadvantaged families and communities.

In the *1999 Kids Count Data Book* published by the Annie E. Casey Foundation, Maryland, one of the nation's wealthiest states, ranked 24th on 10 indicators of child well-being. At least 12% of Maryland's children were defined to be living in families at high risk for future failure as measured by six indicators including poverty and lack of health insurance coverage. The consequences of child poverty are severe. Poor children are known to have higher death rates, increased chronic diseases such as asthma, and less access to health care services.



Predicted Areas of Risk for Lead Poisoning For Children Under 6 Years of Age Based on the Maryland Model (1999)



Source: 1990 U.S. Census Bureau Data and 1994-1996 MDE Lead Registry Data
 Note: Census tract risks were converted to zip code risks using weighted proportional averages.

Two environmentally-linked health conditions, asthma and lead poisoning, are major causes of childhood morbidity. According to the American Academy of Pediatrics, obesity and obesity related illnesses, such as diabetes, are increasing among children and adolescents. In addition, numerous psycho-social and behavioral issues help determine the health of children and adolescents. These include mental and emotional disorders, crime, violence, risky behaviors such as substance use, and sexual activity. Attention to these challenges is important in improving the health of Maryland's children and adolescents. Additionally, children with special health care needs, for chronic physical, developmental, behavioral, or emotional conditions, may have other unique needs that must be addressed.

Topics, by jurisdiction, included in the Health Improvement Plan

Statewide - *Preventing Asthma, Preventing Childhood Lead Poisoning, Promoting Good Nutrition and Physical Activity in Children, Improving Access to Health Care in Adolescents, and Improving the Service System for Children with Special Health Care Needs*

Calvert County - *Promoting Adolescent Health*

Caroline County - *Control of Sexually Transmitted Diseases (STDs) among the Adolescent Population of Caroline County*

Dorchester County - *Tobacco Cessation: Young Adults*

Frederick County - *Developing a Support System to Improve the Dental Health of Frederick County Children*

Garrett County - *Improving Dental Status of Children*

Kent County - *Reducing Sexually Transmitted Diseases in Teens*

Queen Anne's County - *Preventing Alcohol and Drug Use in the Population Less Than 21 Years Old*

Somerset County - *Reducing Tobacco Use among Youth*

Talbot County - *Reducing Interpersonal Violence in the Lives of Children*

Wicomico County - *Improve the Health and Well Being of Women, Infants, Children and Families*

Priority focus in other jurisdictions

Child Health is also identified as a priority area for FY2000 in:

Allegany County • Anne Arundel County • Baltimore County • Charles County
Harford County • Howard County • Montgomery County • Washington County
Worcester County • Baltimore City

Highlights of HIP strategies recommended to improve child health:

(for in-depth details, see the complete text of each state and county module in the HIP)

- Reduce asthma morbidity. (State)
- Improve outreach and screening for blood lead in children. (State)
- Reduce overweight and obesity among children and adolescents. (State)
- Increase health insurance coverage among adolescents. (State)

- Enhance and expand the health and related services network for children with special health care needs. (**State**)
- Promote healthy lifestyle choices for all boys and girls, including nutrition, physical activity, educational priorities, and psycho-social behavior. (**Calvert County**)
- Reduce the proportion of children who are regularly exposed to tobacco smoke at home. (**Dorchester County**)
- Develop a sustainable network of dental health providers accepting the Maryland Children's Health Program. (**Garrett County**)
- Conduct an after school program which focuses on prevention of underage drug and alcohol use. (**Queen Anne's County**)
- Support community groups in their efforts to prevent smoking among adolescents. (**Somerset County**)
- Reduce violence-related school suspensions. (**Talbot County**)
- Support funding for teen pregnancy prevention programs. (**Wicomico County**)

Statewide Partners

American Lung Association of Maryland • Center for Maternal and Child Health, DHMH • Johns Hopkins University • Maryland Association of County Health Officers • Maryland Chapter of American Academy of Pediatrics • Maryland Department of the Environment • Maryland Department of Health and Mental Hygiene (DHMH) • Maryland Department of Housing • Maryland Department of Human Resources • Maryland Hospital Association • Maryland Local Health Departments • Maryland Local Management Boards • Maryland Medical Assistance Program, DHMH • Maryland Office of Children, Youth, and Families • Maryland State Department of Education • University of Maryland Health Systems

